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Fathers' experiences of living with cancer: a phenomenological study

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Fathers' experiences of living with cancer: a phenomenological study

There is a paucity of knowledge about fathers' experiences of cancer. This study explored the experiences of fathers diagnosed and living with cancer while also having parental responsibility for children. A hermeneutic phenomenological approach guided the study. Data were generated through 22 in-depth interviews with 10 fathers throughout Northern Ireland. The findings evidenced that fathers' identities are challenged and frequently re-shaped by the cancer experience, in many cases leading to an improved lifestyle behaviour. Heightened engagement with their children can provide a protective effect from the illness. On the other hand a lack of involvement led to frustration and low mood. The findings also demonstrated that father/child relationships were adversely affected by the social complexities that exist in the variances and diversity of fathers parenting roles and status. This knowledge contributes to our understanding of the complex relationships of fathers in non-traditional roles. It extends our understanding of how, when stereotyped gendered roles are ascribed to fathers it can impact on a fathers' ability to fulfil the traditional breadwinner's role. This is knowledge that will inform health care professionals and enable them to provide gendered-sensitive care that takes account of the masculine psychological responses that can shape the cancer experience.

Keywords: cancer, fathers, parenting role, experiences, gendered responses, qualitative.

INTRODUCTION

A cancer diagnosis may be devastating for any individual. When that individual is a parent, the challenges are manifold and parents require multiple and varied sources of support. When a parent with a dependent child or children

is diagnosed with cancer, they face additional fears and anxieties while attempting to balance their role as a parent and patient in tandem (Rauch & Moore 2010; Semple & McCance 2010). At any given time, up to one in five cancer patients are parenting children under the age of 18 years (Weaver *et al.* 2010). Changing demographics and increased survival rates of cancer patients present the additional probability that individuals who are faced with a cancer diagnosis, will be caring for dependent children (Harris *et al.* 2009; Maddens *et al.* 2009).

Research on parental cancer over the last two decades has demonstrated the impact the illness has for children in terms of psychological, social, behavioural and

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emotional effects (Visser *et al.* 2004; Osborn 2007; Ernst *et al.* 2012). Empirical studies exploring parenting experiences have predominantly centred on mother's experiences (Lewis *et al.* 1996; Siegel *et al.* 1999; Elmberger *et al.* 2000; Billhult & Segesten 2003; Walsh *et al.* 2005; Forrest *et al.* 2006; Ohlen & Holm 2006; Stiffler *et al.* 2008). Studies that have included fathers did not explore whether there was diversity between the genders and parenting roles (Hymovich 1993; Helseth & Ulfsaet 2005; Buchbinder *et al.* 2009). The apparent lack of consideration to fathers in the literature on parental cancer is surprising given the great deal of attention that men's health has received over the last two decades (Lohan 2007; O'Neill *et al.* 2013). A considerable body of work on fatherhood has emerged from both popular and academic literature demonstrating the diverse roles and constantly evolving nature of fatherhood (Lee 2010). There is increasing acknowledgement that fathers are parenting in ever changing social landscapes and thus fathers can, and do parent across many locations in the context of family systems and subsystems (Lamb 2010). Fathers' roles have become much more diverse in today's society, and recognition is given to the fact that they fulfil multi-dimensional roles which are informed by historical, cultural and familial principles (Lamb 2010). Hence, there is no universal definition of a father, as fathers can be; 'biological', stepfathers, adoptive fathers or foster fathers.

The change in paternal roles coupled with the diversity between and among fathers raises the question of how this role is affected during a serious illness such as cancer. A father's health is of great concern to all members of his family, regardless of the family structure, impacting family health, the stability of relationships and economics (Bonhomme 2007). Thus, the focus of the research was to explore the psychosocial aspects and the effects of the illness on fathers and of how this affected their parental role.

The overall aim was to explore the experiences of fathers diagnosed and living with cancer when they have parental responsibility. The objectives were to explore fathers' responses on receiving their diagnosis and their decision to disclose or not disclose this news to their children. It also explored how their experiences of living with cancer had affected their relationship with their children.

The research question guiding the study was a specific inquiry into the experiences of fathers diagnosed and living with cancer when they have parental responsibility.

The rationale underpinning the study was to gain insight and knowledge into fathers' experiences of cancer in order to provide patient-centred care while also recognising the importance of adopting family-centred care

when a father is diagnosed with a life-threatening illness, such as cancer. The term parental responsibility used in this paper refers to the assumed role of fathers playing a part in their child's life, rather than the legal definition of parental responsibility.

METHODS

A hermeneutic phenomenological research design was used to meet the aim and objectives of the study. As little is known about father's experience of cancer and of how living with cancer affects their parental responsibilities and relationships, a phenomenological design was deemed appropriate to explore the phenomenon of paternal cancer. Phenomenological research is the study of lived experience and the lifeworld. Phenomenology is not concerned with generating theories to explain the world instead it offers a deeper understanding of what it means to be human.

Participants

The aim of phenomenological research is to collect data which enable a deeper understanding of those experiencing that phenomenon. Therefore, the sample was selected on the basis that the participants had experience of the phenomenon of paternal cancer, there was no criterion for the type of father, e.g. biological, stepfather, however, there were certain criteria applied. The rationale for the inclusion criteria was to capture fathers' experiences diagnosed and living with cancer as close to when they had the experience, thus fathers need to have received this diagnosis in the previous 2–12 months. The rationale for this long timeframe was applied by the authors as this was considered realistic taking account of the pragmatics of gaining access to participants in the clinical environment. The rationale for the exclusion criteria was the vulnerability of potential participants. It was imperative to ensure that no harm was caused and all participants needed the capacity to make informed decisions. It was decided to exclude fathers receiving palliative treatment as this would have been a different type of experience and also would have created potential difficulties for follow-up interviews (Table 1).

Potential participants were identified by clinical nurse specialists (CNS) in a cancer unit to ascertain their initial interest in taking part in the study. Participants were provided with an information pack which included details of the study, a topic guide of the interview schedule and consent forms. The potential participants were then telephoned a week later by the first author to determine if

Table 1. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> Fathers (above the age of 18 years) with parental responsibility for children (0–18 years) with a first diagnosis of cancer who were receiving treatment with curative intent Diagnosed 2–12 months 	<ul style="list-style-type: none"> Non-English speaking Cognitive/mental impairment Potential life expectancy of less than 12 months and whose management plan was supportive palliative care

they wished to take part in the study. See Table 2 for details of the sample.

Data collection

A total of 22 interviews were carried out and although this study was not intended to be longitudinal, it did adopt a prospective nature to seek further information from fathers at subsequent follow-up interviews of how the illness affected their parental role during treatment and beyond. However, the prospective nature was reliant on fathers agreeing to second/third interviews and it was not possible to have structured time points given the variation in time from diagnosis (ranging between 4 and 10 months, average 4 months). Therefore, the time between first, second and/or third interviews was primarily dictated by father's treatment schedules. Preparation of the interview schedule was informed by the literature and through discussions with the research team (see Table 3). Participants were asked to describe their experience of cancer, their everyday life with their children prior to diagnosis and following diagnosis. In order to obtain specific examples of situations or events, fathers were asked to give examples of a time when the illness impacted on their life with the

Table 3. Interview topic guide

Participant's responses on receiving their cancer diagnosis, and their decision to disclose or not disclose this news to their children
The experiences of being diagnosed and living with cancer and its affect on their everyday life with their children
Experiences of cancer and their role as a father, has it been affected?
What are the things participant's have found to be supportive during this time?
What support would you have liked from health care professionals/others?

children. Questions were supplemented with prompts, rephrasing questions or looping back to questions participants evaded, techniques that have been found useful when interviewing men (Olliffe & Mroz 2005).

Data analysis

Interviews were digitally recorded and transcribed by the first author. A field note diary was also used in the process of analysis. In keeping with the chosen design of hermeneutic phenomenology, van Manen's (1997) framework for analysis was considered the most appropriate method to ensure the study remained grounded to the philosophical underpinnings of this approach.

Once themes were identified they were presented in phenomenologically sensitive paragraphs. The researcher (CON) returned to participants for subsequent interviews which provided an opportunity to check her understanding of fathers' lived experiences. In addition to verifying with the participants, meetings were held with the other members (EMcC, CJS, AR) of the team for collaborative analysis. This is a means of gaining a wider understanding, exploration and scrutiny of the generated themes that is

Table 2. Participant grid

Name	Age	Marital status	Dependants			Treatment	Notes
			Number	Gender	Age (years)		
Jack	49	Separated	1	M	15	Surgery and radiotherapy	Non-resident with son
Roger	45	Separated	2	M	7 and 11	Surgery and chemotherapy	Shared care of sons
Peter	46	Married	2	1M 1F	96	Surgery and chemotherapy	
Simon	42	Married	2	1M 1F	11 13	Surgery	
John	34	Separated	6	3M 3F	3,8 and 12 5,8 and 11	Chemotherapy	Children with two different partners
Adam	50	Separated	1	M	5	Surgery	Three adult sons with different partners
Lucas	43	Married	3	M	1, 4 and 15	Surgery	Elder son from previous partner. Living with younger sons
Paul	25	Separated	1	M	4	Surgery and chemotherapy	Shared care of son
Ben	49	Married	1	F	10	Surgery and radiotherapy	
Tony	49	Married	2	1M 1F	13 11	Surgery and radiotherapy	

both rigorous and systematic in its approach (van Manen 1997). As each father's experience is unique to them, initially the first author reflected on each father's experience and the themes emerging from the data. The existentials of lived space, lived body, lived time and lived relation were then used for each father in structuring individual 'cases' or 'stories'. Through a process of writing and rewriting fathers' experiences were centred around their time of diagnosis, their everyday experiences of living with the cancer and finally their experiences after treatment. For the purposes of this paper, the three main findings are discussed.

Criteria developed to evaluate qualitative research are too generic to be adapted for phenomenological studies (Lincoln & Guba 1985). Rather the criterion on which a phenomenological study is judged is first making a clear articulation of the specific approach adopted that identifies the philosophical assumptions on which the study is based. Second, the researcher must convey how an open reflective attitude was maintained throughout the research process, and third, the researcher should offer an articulation of the investigated phenomenon (Norlyk & Harder 2010). A reflexive approach throughout the study was maintained to ensure openness and transparency, thereby accepting the researcher's role in the study and attending to the issue of researcher bias. This reflective approach involved the use of a reflective journal that enabled the researcher to actively engage prior to data collection, during data collection and analysis. Issues such as variation with sampling procedures are not applicable in phenomenological studies; rather it is variation of participants' experiences that should be sought.

Ethical approval

This study was approved by the University of Ulster Filter Committee, the Office for Research Ethics Committees Northern Ireland and Research Governance from the Health and Social Care Trust where the sample was accessed.

RESULTS

The key findings of the study are presented thematically below.

Fathers' embodied experience of the illness and its disruption to their lives

Initially, fathers were focused on the disruption to their bodies through the signs and symptoms they were experi-

encing, and coming to terms with this. Once they received a formal diagnosis their children became their main concern. Managing the illness and negotiating communications around it was a delicate balancing act as they attempted to shield their children from the effects of the illness by limiting information or restricting hospital visits.

It was very scary, you just hear the word cancer and you think that's the end, I'm not going to see my kids grow up (John)

I was frightened for my daughter and what way she would take it (Ben)

I never let him see me when I was in hospital (Adam)

Fathers felt protective towards young children deeming it inappropriate to burden them with the knowledge of the illness. Despite this, it appears the children were extremely perceptive to their situation being sensitive to changes in the home (parents whispering, telephone calls and people visiting). Fathers who tried to conceal the full extent of the illness from their children faced difficulties when treatment began and physical changes became apparent. They found themselves having to construct 'stories' which led to difficult questioning from their children.

I found it hard, you don't want to lie to your kids, but he wouldn't understand the extent of it, when my hair fell out I told him the barber cut it all off (Paul)

In contrast, fathers who openly communicated described how they were able to involve the children at all stages. Fathers reported that open communication fostered honesty and trust which resulted in some children taking an active role in their father's recovery.

She has helped me accept this, even with the scar I don't try to hide it (Ben)

Fathers experienced difficulties during the illness that were primarily related to the effects of treatment regimes (physical and psychological), resulting in vulnerability, loss of identity and role disruption as the illness took its toll. They struggled with the impact of this, often being left physically and emotionally weakened. Fathers were no longer able to work, nor fully engage in family activities.

When I was irritable I tended to isolate myself and spend less time with them (Simon)

Even everyday practices such as having a meal together were altered in certain cases. Interaction with their chil-

dren changed too, e.g. when providing physical care or when at play. Their inability to work was expressed as a great loss, as this was perceived as an intrinsic aspect of their parenting role. Unfortunately, this resulted in some reporting feelings of low mood and depression which continued for months even after treatment. Although some sought psychological help, others did not, without even discussing it with their partners.

I got so low and depressed, I think it's because I'm not working (Roger)

Discovery of the significance of fatherhood and the creation of new meaning in their role

Fathers became increasingly aware of the significance of their parenting role and established new meaning in that role. Upon diagnosis fathers were faced with their own mortality and began to reflect on life, on identify and established new priorities of spending more time with their children. The majority of the sample were working parents prior to their diagnosis and all described this working role as an integral aspect of their fathering practices alongside contributing to the direct physical and emotional care needs of their children. As treatment began, fathers needed to take time off work to recuperate which resulted in more engagement and involvement with their children at home.

I take more pride in being a dad now (Paul)

This additional time coupled with their reflective thoughts allowed fathers to discover new meaning and significance as a parent. Although some perceived their financial role as highly important, they admitted having too much focus on this prior to diagnosis to the detriment of the time available for their children. Upon diagnosis, this led to feelings of remorse and regret and a change in perspective as to where their priorities lay. Fathers became more focused on the present, creating and savouring moments with their children.

Just feeding him you draw so much comfort out of that (Lucas)

Experiences of clarity and insight were gained through this additional time spent. This heightened awareness and discovery of new parental meaning provided impetus to persevere and remain positive throughout the illness. Although many physical and psychological challenges manifested themselves fathers drew strength and comfort from their children, which assisted in their recovery. Instances of improved communication, heightened

tolerance and engagement with their children were also reported. Healthier behaviours such as smoking cessation, diet and exercise were now adopted. This naturally reflected on and influenced their children's health and well-being.

The complexity and diversity of fathers' roles, family structures and familial relationships

The long-term side effects of the cancer experience necessitated a re-configuration of the parenting role. Despite all the fathers describing a hands-on approach to the care of their children, the majority perceived their employment status as an essential aspect of their parenting responsibilities. Some were unable to return to work and seemed to struggle with this change in identity and self-image. Such changes appeared to have negative effects with some fathers reporting feeling depressed, in one case thoughts of suicide. This particular participant, however, managed to re-invent his role. His children became his sole priority which as he described gave him a focus and purpose in life.

My whole world revolves around them two now, and it always will (Roger)

Fathers who did return to work became more attuned to maintaining a better work/life balance. In this study, half of the family structures and forms were comprised of traditional nuclear families and the remaining 50% of varying contexts; co-habiting, non-resident or a changed status of parenting location. For the purposes of this study, traditional nuclear family is defined as fathers married and living with the children's mother. Although analysis of individual family structures was not an initial aim, these structures and parenting locations did have direct impact on their illness experience. Fathers parenting in non-traditional units reported difficulties around communications with the children's mother. Disagreements arose around disclosure, its context and timing which required additional negotiation, explanation and justification.

My ex-partner from the eldest one (son), she didn't really want him to know. But I says look he going to find out one way or the other and I think he's old enough to understand it (Roger)
when I broke up from my ex em it was over a year before I was seeing them again cause she was stopping me from seeing them, It was a rough break up (John)

In other contexts with pre-existing discord, the cancer diagnosis caused extremes of situations. For some it acted as a catalyst for improved or repaired communications,

while in other cases it was reportedly used to jeopardise the relationship between father and child.

One time he just came in and his mother told him that I was old and I would die before her and he just started crying (Adam)

The findings of this study revealed that fathers parent in evolving contexts as their social situation and relationships change throughout the illness experience. Fathers parenting in these non-traditional structures faced additional complex concerns in comparison to those in traditional family structures who had stronger social and familial support.

DISCUSSION

Fathers' narratives initially conveyed how the cancer was first and foremost a bodily experience and their responses seemed to be more about them as men, as opposed to fathers, with cancer. As other scholars have noted, disease cannot be detached from the other aspects of a person's identity and life but it is the body that is assaulted by the illness in the first instance and then it seeps into the rest of that individual's life (Frank 2002). Fathers in this study endeavoured to protect the children through their level of disclosure. However, they described their children's intuition to the changes in the family environment, a finding consistent with other studies (Harris *et al.* 2009; Furlong 2011). Open communication is the most favourable option to limit distress and foster coping for children (Kristjanson *et al.* 2004; Forrest *et al.* 2006; Kennedy & Lloyd-Williams 2009). This highlights the important role that health care professionals (HCPs) have to play in supporting and empowering parents in decisions of disclosure to their children (Semple & McCance 2010; Semple & McCaughan 2013). Parents continuing to conceal information may face difficulties as treatment begins and physical manifestations become more apparent. Conversely, fathers who communicated openly described how this fostered honesty and trust. Despite this, some of those fathers still reported feelings of distress or depression which they attempted to conceal by belittlement and bravado. Although fathers described the support of partners and family members, they did not always communicate their concerns about the illness. It has been acknowledged in men's health literature that men typically are reluctant to discuss their emotions; a practice that is in line with hegemonic ideals of masculinity (Ridge *et al.* 2011). However, having reached crisis point during their illness, some required to seek psychological support from HCPs. This points to the necessity for continual assessment of men's

psychological needs through the illness journey. Given that men often rely primarily on the support of their partners/spouses (Vaartio *et al.* 2003; Salander & Hamberg 2005), it is possible that partners/spouses may become overwhelmed which may in turn infiltrate the whole family structure. Consequently, HCPs should be aware of single fathers who may lack any social support, and also be mindful of the potential strain on relationships between partners when dealing with a life-threatening illness. Illness leads to a disruption in one's identity (Charmaz 1994) and a cancer diagnosis represents a threat to that identity, as parents struggle with the dual roles of parent and patient (Semple & McCance 2010).

Fathers' identities as working parents were affected. The diminishment of their role was further compounded by their inability to provide financially and physical incapacity to work. This had a threatening impact on their masculine identity (Stapleton & Pattison 2015) and moral principles (Doucet 2006). When fathers relinquish their earning role, they feel devalued and report a loss of stature as a parent (Doucet 2006). This can be attributed also in part to contemporary society's ideology and expectations of fathers' moral obligations to take responsibility for the family unit. However, being faced with one's mortality can produce direct positive results for identity as evidenced by some fathers in this study (Charmaz 1994). Fathers gained a renewed value in their role as a parent leading them to reflect upon their past and present and reappraise their priorities and relationships with their children. They reported how important it was to maintain their presence and support in their children's lives for as long as possible. Fathers appeared to feel that if they did not survive the illness their children would lose their protective guardianship. They also reported fear of not seeing their children reach significant milestones in their lives. As treatment commenced additional time at home gave rise to positive changes in routine. This additional engagement afforded the opportunity to reflect on fathering practices, and to compensate for lost moments in the past. They also wished to create as many good memories as possible to draw upon should their illness prove terminal. This newly found meaning and purpose appeared to provide positive growth from their cancer experience, placing a deeper emphasis on their parenting role. This places focus onto their children and away from their illness and as such offers them a positive mechanism for coping with the cancer. Additionally, this reconfigured outlook affords fathers the opportunity to see its benefits by developing and nurturing their relationships with their children which may have lasting social and psychological effects. Several longitudinal studies have reported that fathers are

integral in determining the health of their child and when fathers are involved with their children, it promotes their physical health and social skills from infancy to young adulthood (Sarkadi *et al.* 2004). The findings of this study showed fathers increased understanding and insight into the impact of their health on their children and it was the cancer diagnosis that facilitated this change. This is significant for developing health care policy and targeting men's health through their parenting role, as the difficulty of engaging men in health-related behaviours and health-seeking advice has been well documented within the literature (White 2011; Wilkins 2013).

Vast amounts of existing literature on fatherhood recognise that fathers' roles are influenced by historical, cultural and familial ideologies (Lamb 2010) and this has been evident with the fathers in this study through their own perceived parenting principles. Although fathers had some similar experiences to those reported in the studies on mothers, they did to a certain extent portray a gendered response to their experience of cancer. First, some fathers perceived that certain elements of their identities as a parent were an important aspect of their fathering practices, particularly that of financial provider and protector. Second, some fathers responded in a gendered manner as to how they dealt with feelings of low mood and depression by attempting to conceal these concerns themselves. In contrast, there were also cases in which fathers did discuss their feelings with partners/spouses. Taking account of the evolving roles of both parents in today's society, assumptions cannot and should not be made about an individual's parenting status. If HCPs ignore these differences, they will be failing to offer care which is gender sensitive, resulting in inequity and 'gender blindness' (Wilkins *et al.* 2008). Family structures and forms were diverse and complex in this sample. The heterogeneous parenting contexts and locations are consistent within the literature on fatherhood which acknowledges the variation and diversity among fathers (Lamb 2010). Families are complex and each individual affects one another reciprocally, directly and indirectly (Martin & Colbert 1997). Fathers in this study represented an array of family structures from traditional nuclear family units to complex arrangements of parental responsibility for children with different mothers living in different households. The fathers in this study indicated that they had to negotiate within various family structures, and it is vital that HCPs are aware of this diversity when assessing fathers and indeed mothers. It is possible that fathers need advice on how to negotiate with their children's mother about the disclosure of their illness and the impact treatment will have on their interactions together. It has been

acknowledged that mothers are important in either enabling or inhibiting paternal involvement and the notion that mother–father relationships seem to be the main predictors of the roles played by men in families (Lamb 2010). Furthermore, the ever changing circumstances that can occur during a fathers' life course such as divorce, relationship breakdowns can affect their parenting. These insights should be acknowledged by HCPs caring for fathers with cancer as a sudden change in their health status will present the possibility of increased tensions which may threaten their parenting role. If a fathers' relationship with his child(ren) is not actively facilitated during the illness experience, it may increase their burdens and limit their ability to cope change and deal with disruption. If a father is supported in maintaining their parenting role, it may lead to them coping more effectively and create opportunities to foster and develop closer relationships with their children. Diversity and complexity of family structures raise additional issues. In the case of non-residential fathers or where residency of children is shared following relationship breakdown, the passing of illness information and its content becomes a blurred responsibility. This can lead to confusion and conflict on both father-to-mother and parent-to-child levels, as evidenced in this study, and demonstrates the need for greater emphasis on the continual re-evaluation of the father's parenting role throughout the illness trajectory.

Methodological considerations

It is vital to acknowledge the limitations of any research in order to maintain transparency and a critical eye with an overall aim of improving or taking those limitations into consideration in future studies. As discussed previously, criteria developed to evaluate qualitative research are too generic to be adapted for phenomenological studies (Lincoln & Guba 1985). This study was based on the philosophical assumptions of Heidegger and van Manen which acknowledges the researcher is not required to 'bracket' their pre-understanding, rather the chosen approach requires one to be engaged in a continual process of reflection and openness throughout. Member checking in phenomenological research is controversial due to its incongruence with the central tenets of Heidegger's philosophy (McConnell-Henry *et al.* 2011). A participant's experience is situated within context and this may be subject to change depending on the experience. In addition, the interpretation of data can change and it is researcher's role, not the participant's, to interpret the experiences; hermeneutics aims to interpret concealed meaning endeavouring to get below the surface (McConnell-Henry

et al. 2011). Conversely, it has been suggested that member checking in phenomenology is used to validate the interpretation and themes of the researcher and it enhances the rigour of the findings (Bradbury-Jones *et al.* 2010). The researcher (CON) adopted the approach of checking her understanding was accurate of father's lived experience at follow-up interviews in an interactive dialogical approach as used by other scholars (Bradbury-Jones *et al.* 2010). Additionally, the process of data analysis was strengthened through a team-based approach with the research team in an effort to examine themes rigorously.

Considering our 90% response rate, the participants may have been influenced by their relationship with the CNSs who recruited them to participate. We accounted for any potential coercion by reminding them that they could withdraw at any time, and reminding them about their rights as research participants. The time point between first and second interviews varied from 2 to 7 months and this was primarily influenced by fathers' schedules and re-arranging suitable times for follow-up interviews. The research team acknowledges that this may have affected fathers' narratives, however, it was not the study's aim to return to fathers at structured time points and neither was it intended to be a longitudinal study. Rather it was reliant on fathers agreeing to the researcher returning for a second interview as a means of gaining further insight and an opportunity to elaborate on issues discussed in the first interview. In addition, the researcher had to be flexible to accommodate the needs of individual participants.

CONCLUSION

The knowledge generated by the findings contributes to our understanding of the complex relationships of fathers in non-traditional roles. It extends our understanding of how, when stereotyped gendered roles are ascribed to fathers it can impact on a fathers' ability to fulfil the traditional breadwinner's role. It also builds on extant literature on fatherhood by adding new insights and knowledge of how fathers negotiate parenting while ill. It shows that fathers' identities can be challenged or reinvented by the experience of illness. The complexity and diversity of father's role and family structures in modern society have been revealed. In particular, it identifies that men who are parenting in non-traditional family forms may be more vulnerable than fathers in nuclear family structures, particularly in respect to social support. The findings have also shown that when fathers are able to engage in certain

aspects of their parenting role, it provides a protective effect from the illness. Furthermore, the data have demonstrated that when men are diagnosed with cancer, it can result in lifestyle behaviour change, highlighting that the experience of illness in addition to their role as a parent is a critical transition point in which men can be more open to health behaviour change and taking responsibility for their health.

The findings of this study have a number of implications for HCPs working in the area of cancer care. A family-centred approach to cancer care should be adopted given the impact the illness has on not only the ill parent but also the outcomes that parental cancer has on children. In addition, a family-centred approach will acknowledge the benefits of involving children in the illness as evidenced by some fathers in this study who drew strength from their children. HCPs should encourage and provide support to fathers to openly communicate with their children about the cancer and this should be incorporated as part of routine care. Additionally, HCPs should recognise this critical point in time of fathers' lives as an opportunity to actively target health promotion, particularly with those from lower socio-economic backgrounds who may otherwise not be aware of certain lifestyle risks to their health. This would require a patient-centred approach which acknowledges the diversity between and among men. Given the relatively short period of time people are admitted for inpatient treatment and the lack of time afforded to psychosocial care (Ernst *et al.* 2012), it is vital that issues relating to parenting while receiving treatment become part of routine care offered by HCPs working with oncology patients. Fathers should be holistically reassessed and evaluated through their cancer journey in order to determine how they are dealing with psychological aspects of the illness. It would be advisable to include partners and children in this assessment to verify fathers' accounts, as they may portray opposing public and private personas; it is possible they may appear to be coping 'normally' which is concealing their need for support.

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CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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